

## RED RIBBON RUN SCHOLARSHIP RECIPIENT GUIDELINES

- Submitted by the Committee
- 
- Revised 01/2015

**RED RIBBON RUN  
DEPARTMENT OF CORRECTION  
SCHOLARSHIP APPLICATION**

**RETURN TO:**

Shirley Lowe  
Dept of Correction  
P.O. Box 8707  
Pine Bluff, AR 71611

**RETURN BY:**

April 3, 2015

**Applicant's Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Current or last employer (if any): \_\_\_\_\_

Position: \_\_\_\_\_

Salary/Wages: \$ \_\_\_\_\_

**SOURCE & AMOUNT OF FUNDS AVAILABLE FOR SEMESTER  
IN WHICH SCHOLARSHIP IS REQUIRED**

Parents: \$ \_\_\_\_\_ Own Income: \$ \_\_\_\_\_

Scholarship: \$ \_\_\_\_\_ Other (Spouse, Relative, etc): \$ \_\_\_\_\_

Savings: \$ \_\_\_\_\_ Step-Parents: \$ \_\_\_\_\_

Have you previously received assistance from another source? How much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_

Have you applied or do you plan to apply to another source? How much?  
\_\_\_\_\_ Yes \_\_\_\_\_ No Amount \$ \_\_\_\_\_

Name of Source: \_\_\_\_\_

## IDENTIFICATION OF INDIVIDUAL (S) PROVIDING ASSISTANCE

Name or parents, guardian, or spouse: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## PLACE OF EMPLOYMENT AND POSITION

(Must be filled out)

Father/Step-father: \_\_\_\_\_

Mother/Step-mother: \_\_\_\_\_

Spouse: \_\_\_\_\_

Guardian/Relative: \_\_\_\_\_

## EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

School's Name: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Grade Average: \_\_\_\_\_

## EDUCATIONAL INSTITUTION THAT ENROLLMENT IS DESIRED

Institution's Name: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Expected Date of Completion: \_\_\_\_\_

Amount of Tuition/Fees per semester: \$ \_\_\_\_\_

Date payment is due: \_\_\_\_\_ Date term begins: \_\_\_\_\_

### Please include the following with this application:

1. Copy of your school transcript
2. ACT scores
3. Grade point average
4. Letters of reference
5. Information about school activities and extra-curricular activities.

**ARKANSAS DEPARTMENT OF CORRECTION  
RED RIBBON RUN**

**SCHOLARSHIP RECIPIENT INFORMATION**

RECIPIENT NAME: \_\_\_\_\_

Address (parents): \_\_\_\_\_

Your address at college: \_\_\_\_\_

\_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (College) \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security: \_\_\_\_\_

**COLLEGE INFORMATION**

College Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No (Financial aide): \_\_\_\_\_

**It is important that this form be filled out and returned to Department of  
Correction by the due date** to Shirley Lowe, P.O., and Box 8707, Pine Bluff,  
AR 71611.

If you have any questions, please call Shirley Lowe at 267-6215. HAVE A  
GREAT YEAR AT COLLEGE.